

PART B—ISSUE FEE TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

020995 QM12/0118
KNOBBE MARTENS OLSON & BEAR LLP
620 NEWPORT CENTER DRIVE
SIXTEENTH FLOOR
NEWPORT BEACH CA 92660

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Steven J. Natunphy (Depositor's name)

SAJ (Signature)

April 17, 2001 (Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|---|-------------|--------------|-----------------------------|---------------|
| 09/407,147 | 09/28/99 | 007 | MENDEZ, M | 3763 01/18/01 |
| First Named Applicant LOPEZ, 35 USC 154(b) term ext. = 0 Days. | | | | |

TITLE OF INVENTION **MEDICAL CONNECTOR**

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE | DATE DUE |
|-------------------|----------------|-------------|-------------|--------------|--------------|----------|
| 3 | ICUMM.6FCFC6 | 604-500.000 | A87 | UTILITY | YES \$620.00 | 04/18/01 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **KNOBBE, MARTENS,**
OLSON & BEAR LLP
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ICU MEDICAL, INC.
 (B) RESIDENCE (CITY & STATE OR COUNTRY)
San Clemente, CA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

SAJ (Signature) Reg # 37,688 (Date) 4/17/01

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04/23/2001 RHRIS2 00000083 09407147

01 FC:242
 02 FC:561

620.00 OP
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